OAKLAND COMMUNITY COLLEGE®

Student/Staff Concern/Suggestion

THIS FORM IS NOT TO BE USED FOR GRADE APPEALS

Any staff, student, or community member expressing a concern or suggestion, positive or negative, is encouraged to submit this form.

This completed form should be submitted to any campus Dean of Academic and Student Services; or may be received, dated and signed, by any OCC staff member who will route it to the Dean.

Please identify the nature of the concern/suggestion:

☐ Academic concern/suggestion ☐ Non-academic concern/suggestion ☐ Behavioral Concern

Copies of all responses are maintained by the campus Dean of Academic and Student Services.

Name _____ Student ID _____ Date _____

Day Phone # _____ Evening Phone # _____

I am a: ☐ Student ☐ Staff member ☐ Community member ☐ Faculty

This concerns the following campus/site: ☐ AH ☐ HL ☐ OR ☐ RO ☐ SF ☐ Other _____

Description of concern/suggestion or incident. If a specific person is involved, please include their name.

Please explain the level of your concern (threatened, uncomfortable, harassed, etc.):

If your concern involves a particular class or department, please complete below:

Course code _____ Section number _____

Department _____ Instructor _____

Have you met with the Instructor involved? ☐ Yes ☐ No ☐ NA Date _____

Have you met with the Department Chair? ☐ Yes ☐ No ☐ NA Date _____

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Actions/Recommendations _____ Date _____

_____

Signature of Dean

Dean's Response:

☐ Information recorded in BART database Date _____ By _____